Approved for use through 7/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons a information unless it displays a valid OMB control number. PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) FY 2008 *033082M244 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number *10/525 207 Filed *March 14, 2006 *GAS SUPPLY SYSTEM AND PROCESSING SYSTEM Confirmation No. 7732 Art Unit *1792 Examiner *Chandra, Satish This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee \$60 One month (37 CFR 1.17(a)(1)) \$120 Two months (37 CFR 1.17(a)(2)) \$230 \$460 Three months (37 CFR 1.17(a)(3)) \$1050 \$1050 \$525 Four months (37 CFR 1.17(a)(4)) \$1640 \$820 \$1115 Five months (37 CFR 1.17(a)(5)) \$2230 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4300 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 32,263 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. ___ *12 June 2008

Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted.

Date

(202) 263-4300

Signature

Typed or printed name

Michael A. Makuch